

LICENSING OF TANNING FACILITIES CHAPTER 64E-17

The 1991 Florida Legislature passed a law which requires the licensing and monitoring of tanning facilities. The Florida Department of Health, through its County Health Departments, is responsible for licensing and monitoring these facilities for compliance with the law. Further information and downloads can be found at www.doh.state.fl.us/environment/community/tanning.

The following documents must be provided to the local County Health Department prior to issuance of a tanning facility license.

1. Application for Tanning Facility License
2. Tanning Facility Equipment Information
3. Site-Plan (Review checklist attached; Site-Plan required with application).
4. Approved Tanning Certification (a list of approved training is provided and available on the DOH website)
5. Applicant Certification Form
6. Copy of Facility's Operating and Safety Procedures
7. Certificate of insurance that provides liability insurance including limits of liability
8. Check in the amount due shown on the application or invoice should be made payable to:
Lee County Health Department. Payment is due at time of application

Please be reminded that the operation of your tanning facility without a current state license is a violation of Florida Administrative Code and that you are responsible for renewing your license annually as notified by this department. The deadline for license renewal is October 1st each year.

If you have any questions regarding this matter, please do not hesitate to contact the Lee County Health Department's Environmental Health Division at 239-690-2100.



License Number

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR TANNING FACILITY LICENSE
AUTHORITY: SECTION 381.89, Florida Statutes

INSTRUCTIONS: 1. Provide the information requested below. 2. Sign the application and return it, along with the required fee (do not send cash), to the county health department listed on the application. If the information on this form changes, you must notify the county health department by telephone or in writing. 3. Please complete front and back of application.

Name of Facility	_____		
Facility Address	_____		
	Street	City	Zip Code
Owner's Name	_____		
	Last	First	Middle
Owner's Address	_____		
	Street	City	Zip Code
Owner's Phone	()	Facility Phone	()

Is this a mobile tanning unit? ___ YES ___ NO Mobile units must meet all requirements of Chapter 64E-17 F.A.C. If yes, please list the geographical areas to be covered within the state. If more space is needed please use a separate sheet of paper and attach to application.

WHAT IS THE TOTAL NUMBER OF TANNING DEVICES IN THE FACILITY? _____
HOW MANY? BEDS _____ BOOTHS _____

THE ANNUAL LICENSE FEE FOR THIS TANNING FACILITY IS \$ _____

Please make check or money order payable to the _____ County Health Department. The undersigned owner/owner's representative hereby agrees to operate the tanning facility described in this application in accordance with the requirements of Section 381.89, Florida Statutes. The information contained in this application, which serves as the basis for licensure, is true and correct. I understand that any misrepresentation of the facts in this application or failure to comply with the sanitary standards for tanning facilities is grounds for denial or revocation of the tanning facility license.

Owner/Owner's Representative Signature

Date

Environmental Health Official Signature

Date License Approved

TANNING FACILITY EQUIPMENT INFORMATION

MANUFACTURER	MODEL	SERIAL #	BED	BOOTH
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

TANNING DEVICES TANNING LAMPS

MANUFACTURER	MODEL
1.	
2.	
3.	
4.	
5.	

TANNING EQUIPMENT SUPPLIERS

NAME:	
ADDRESS:	
PHONE:	
NAME:	
ADDRESS:	
PHONE:	

**TANNING FACILITY PROGRAM
CHAPTER 64E-17
PLAN REVIEW CHECKLIST**

THESE ITEMS MUST MEET 64E-17 F.A.C., TANNING FACILITIES
ALL ITEMS SHOULD BE COMPLETED BEFORE PREOPENING INSPECTION

PLANS SHALL:

- ☐ 1. BE LEGIBLY DRAWN & TO SCALE
- ☐ 2. SHOW LOCATION OF TANNING DEVICES
- ☐ 3. SHOW LOCATION OF PROTECTIVE PARTITIONS (permanent or portable)
- ☐ 4. SHOW THE POSITION OF THE OVERRIDE TIMER CONTROL
- ☐ 5. SHOW LOCATION OF SANITARY FACILITIES

EQUIPMENT SHALL:

- ☐ 6. BE APPROVED FOR USE IN COMMERCIAL TANNING FACILITIES

APPLICANT SHALL SUBMIT:

- ☐ 7. MANUFACTURER, MODEL #, SERIAL # OF ALL TANNING DEVICES
- ☐ 8. MANUFACTURER & MODEL OF LAMPS
- ☐ 9. TANNING EQUIPMENT SUPPLIER

The Florida Department of Health recognizes the following approved training courses:

On-Site Training:

- American Tanning Institute: (866) 869-6790
- National Tanning Training Institute affiliated with Looking Fit Magazine: 800-529-1101 extension 1019
- Suntanning Association for Education: 800-536-8255
- International Smart Tan: 517-784-1772 or 888-826-7297

Correspondence Courses:

- American Tanning Institute: (866) 869-6790
- International Smart Tan: 517-784-1772 or 888-826-7297
- National Tanning Training Institute affiliated with Looking Fit Magazine: 800-529-1101 extension 1019
- Suntan Supply: 800-994-8484

Internet Courses:

- American Tanning Institute: (866) 869-6790
- International Smart Tan: 517-784-1772 or 888-826-7297
- National Tanning Training Institute affiliated with Looking Fit Magazine: 800-529-1101 extension 1019

A current listing can be found at the department's website:

<http://www.doh.state.fl.us/Environment/community/tanning/index.html>

APPLICANT CERTIFICATION FORM

I, _____, owner of _____

Located at _____

hereby certify that I have read and understand the requirements of 64E-17, Florida Administrative Code regulating Tanning Facilities, Sections 64E-17-112.001 through 64-17-112.009, and Florida Statutes 402.61 regulating Tanning Facilities.

I hereby agree to abide by all provisions and requirements of said code.

Signature
